

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/925504 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
2							52							
3							53							
4							54							
5	1						55							
6	1						56							
7		1					57							
8		2					58							
9		1					59							
10	1						60							
11	1						61							
12	1						62							
13	1						63							
14	1						64							
15	1						65							
16							66							
17							67							
18							68							
19							69							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	11													
TOTAL DEP.		3												
TOTAL CLAIMS	14													